

ACH TRANSFER AUTHORIZATION FORM

Company/Account Holder Name: _____

Bank Information:

Bank Name: _____

Bank Address: _____

City, State, ZIP: _____

Routing Number (ABA): _____

Account Number: _____

Account Type (Checking/Savings): _____

Authorization:

I hereby authorize and request the above-named Company to initiate debit and/or credit entries to my account indicated above and the depository named above, to debit and/or credit the same to such account, subject to the terms and conditions of the ACH transfer agreement. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Payment Instructions:

Payment Amount (USD): _____

Payment Frequency (e.g., One-time, Weekly, Monthly): _____

Effective Date of First Payment: _____

Contact Information:

Authorized Representative Name: _____

Phone Number: _____

Email Address: _____

Terms and Conditions:

1. Authorization Validity

This authorization shall remain in effect until revoked by the Account Holder in writing and a reasonable opportunity to process such revocation has been afforded.

2. Compliance

All ACH transactions initiated under this authorization shall comply with applicable United States laws and NACHA operating rules.

3. Liability

Account Holder agrees to indemnify and hold harmless the Company and its agents from any and all claims, losses, or damages arising from erroneous or unauthorized transactions caused by Account Holder's negligence or failure to provide accurate information.

4. Right to Stop Payment

Account Holder may request a stop payment on any ACH debit by notifying the Company within a reasonable time prior to the scheduled payment.

5. Error Resolution

Any errors or discrepancies must be reported promptly to the Company according to the procedures outlined in the applicable agreement.

6. Confidentiality

All information provided will be kept confidential and only used for purposes related to the ACH transfer.

7. Governing Law

This authorization and any disputes arising hereunder shall be governed by and construed in accordance with the laws of the United States and applicable state law without regard to conflict of law principles.

8. Severability

If any provision of this authorization is held invalid or unenforceable, the remaining provisions shall remain in full force and effect.

9. Entire Agreement

This authorization constitutes the entire agreement between Account Holder and Company with respect to ACH transfers and supersedes all prior agreements or understandings.

10. Signatures

By signing below, the Account Holder certifies that they have read, understood, and agreed to the terms of this ACH Transfer Authorization Form.

AUTHORIZED SIGNATURE

WITNESS SIGNATURE

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title/Position: _____

Date: _____

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